

## WIA ELIGIBILITY AND VERIFICATION CHECKLIST

### 1. ELIGIBILITY

Individuals must meet the following General Eligibility Criteria, which consists of Citizenship or Eligible to Work, Age, and Selective Service Registration.

| ITEM # | CRITERIA   | ACCEPTABLE VERIFICATION AND DOCUMENTATION   | YOUTH | ADULT | DW |
|--------|--|---|-------|-------|----|
|        | <b>SELECTIVE SERVICE STATUS</b><br><input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file<br><input type="checkbox"/> N/A            | <input type="checkbox"/> Telephone Verification (1-847-688-6888)<br><input type="checkbox"/> DD-214 Report of Transfer or Discharge<br><input type="checkbox"/> SS Registration Record (form 3A)<br><input type="checkbox"/> SS Verification Form<br><input type="checkbox"/> Stamped Post Office Receipt of Registration<br><input type="checkbox"/> Internet <a href="http://www.sss.gov">www.sss.gov</a><br><input type="checkbox"/> SS Registration Card<br><input type="checkbox"/> SS Advisory Opinion Letter<br><input type="checkbox"/> Selective service registration w/WIA<br><input type="checkbox"/> Exempted based on Selective Service Guidance<br><input type="checkbox"/> Not Applicable  | X     | X     | X  |
|        | <b>INDIVIDUAL STATUS/FAMILY SIZE</b><br><input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file<br><input type="checkbox"/> N/A       | <input type="checkbox"/> Court decree<br><input type="checkbox"/> Divorce decree<br><input type="checkbox"/> Disabled (Family of 1)<br><input type="checkbox"/> Landlord Statement<br><input type="checkbox"/> Lease (if family size is given)<br><input type="checkbox"/> Native American Tribal Document<br><input type="checkbox"/> Public Assistance/Social Service Agency Records<br><input type="checkbox"/> Public Housing Authority (if resident or on waiting list)<br><input type="checkbox"/> Written Statement from Publicly Supported 24 Hour Facility<br><input type="checkbox"/> Social Security Cards/Numbers<br><input type="checkbox"/> Self Attestation<br><input type="checkbox"/> Birth Certificates<br><input type="checkbox"/> Most recent tax return<br><input type="checkbox"/> Local Area does not verify (No priority of service in effect)  | X     | X     |    |
| 119    | <b>INDIVIDUAL/FAMILY INCOME Validation</b><br><input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file<br><input type="checkbox"/> N/A | <input type="checkbox"/> Alimony Agreement<br><input type="checkbox"/> Applicant Statement (limited cases)<br><input type="checkbox"/> Award Letter from Veterans Administration<br><input type="checkbox"/> Compensation Award Letter<br><input type="checkbox"/> Court Award Letter<br><input type="checkbox"/> Employer Statement/Contact<br><input type="checkbox"/> Family or Business Financial Records<br><input type="checkbox"/> Housing Authority Verification<br><input type="checkbox"/> Pay Stubs<br><input type="checkbox"/> Pension/Annuity Statement<br><input type="checkbox"/> Public Assistance Records<br><input type="checkbox"/> Quarterly Estimated Tax for Self Employed Persons<br><input type="checkbox"/> Social Security Benefits<br><input type="checkbox"/> UI Documents and/or Printout<br><input type="checkbox"/> Local WIA Does Not Verify Income<br><input type="checkbox"/> Bank Statements | X     | X     |    |

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|--------|--|---|-------|-------|----|
|        | <b>CITIZENSHIP OR ELIGIBLE TO WORK</b><br><input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file<br><input type="checkbox"/> N/A | <input type="checkbox"/> Baptismal Certificate with Place of Birth<br><input type="checkbox"/> One verification source from List A (I-9 form/listed below)<br><input type="checkbox"/> One verification source from List B <b>AND</b> one verification source from List C<br><input type="checkbox"/> DD214, Report of Transfer or Discharge (if place of birth is shown)<br><p style="text-align: center;"><b>List A</b></p> <input type="checkbox"/> U.S. Passport (unexpired or expired)<br><input type="checkbox"/> Permanent Resident Card or Alien Registration Receipt Card (Form I-551)<br><input type="checkbox"/> Unexpired Foreign Passport with a temporary I-551 stamp<br><input type="checkbox"/> Unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)<br><input type="checkbox"/> Unexpired Foreign Passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer<br><p style="text-align: center;"><b>List B</b></p> <b>When selecting from list 'B' there must also be a copy of one item from list 'C' as documentation in the participant file.</b><br><input type="checkbox"/> Driver's License or ID Card issued by a state or outlying possession of the U.S. provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address<br><input type="checkbox"/> ID Card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address<br><input type="checkbox"/> School ID Card with a photograph<br><input type="checkbox"/> Voter's Registration Card<br><input type="checkbox"/> U.S. Military Card or Draft Record<br><input type="checkbox"/> Military Dependent's ID Card<br><input type="checkbox"/> U.S. Coast Guard Merchant Mariner Card<br><input type="checkbox"/> Native American Tribal Document<br><input type="checkbox"/> Driver's license issued by a Canadian Government Authority<br><b>For persons under 18 who are unable to present a document listed above:</b><br><input type="checkbox"/> School record or report card<br><input type="checkbox"/> Clinic, doctor or Hospital Record<br><input type="checkbox"/> Day-care or nursery school record | X     | X     | X  |

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|--------|---|---|-------|-------|----|
|        | <b>CITIZENSHIP OR ELIGIBLE TO WORK</b> <i>(continued)</i>   | <p style="text-align: center;"><b>List C</b></p> <p><b>When selecting from list 'C' there must also be a copy of one item from list 'B' as documentation in the participant file.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> U.S. Social Security Card Issued by the SSA (cannot state "not valid for employment")</li> <li><input type="checkbox"/> Certification of Birth Abroad Issued by the Department of State (Form FS-545 or DS-1350)</li> <li><input type="checkbox"/> Original or Certified Copy of a Birth Certificate with Official Seal</li> <li><input type="checkbox"/> Native American tribal document</li> <li><input type="checkbox"/> U.S. Citizen ID Card (Form I-197)</li> <li><input type="checkbox"/> ID Card for use of Resident Citizen in the U.S. (INS Form I-179)</li> <li><input type="checkbox"/> Unexpired Employment Authorization Document issued by DHS (other than those listed under List A)</li> </ul>  | X     | X     | X  |
|        | <b>ADDRESS</b><br><input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file<br><input type="checkbox"/> N/A    | <ul style="list-style-type: none"> <li><input type="checkbox"/> Applicant Statement with Corroborating Witness</li> <li><input type="checkbox"/> Computer Print-out from Government Agency</li> <li><input type="checkbox"/> Food Stamp Award Letter</li> <li><input type="checkbox"/> Homeless - Primary Nighttime Residence</li> <li><input type="checkbox"/> Housing Authority Verification</li> <li><input type="checkbox"/> Insurance Policy (Residence &amp; Auto)</li> <li><input type="checkbox"/> Landlord Statement</li> <li><input type="checkbox"/> Lease</li> <li><input type="checkbox"/> Letter from Social Service Agency or School</li> <li><input type="checkbox"/> Library Card</li> <li><input type="checkbox"/> Local WIA Does Not Verify Address</li> <li><input type="checkbox"/> Medicaid/Medicare Card</li> <li><input type="checkbox"/> Phone Directory</li> <li><input type="checkbox"/> Postmarked Mail Addressed to Applicant</li> <li><input type="checkbox"/> Property Tax Record</li> <li><input type="checkbox"/> Public Assistance Records</li> <li><input type="checkbox"/> Rent Receipt</li> <li><input type="checkbox"/> School Identification Card</li> <li><input type="checkbox"/> Selective Service Registration Card</li> <li><input type="checkbox"/> Utility Bill</li> <li><input type="checkbox"/> Voter Registration Card</li> <li><input type="checkbox"/> Arizona Driver's License/Arizona State ID</li> </ul> <p><b><i>Documentation needs to be current</i></b></p> | X     | X     | X  |
|        | <b>PELL GRANT</b><br><input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file<br><input type="checkbox"/> N/A | <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Check</li> <li><input type="checkbox"/> Letter from School</li> <li><input type="checkbox"/> Student Aid Report</li> </ul>  | X     | X     | X  |

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| ITEM # | CRITERIA   | ACCEPTABLE VERIFICATION AND DOCUMENTATION  | YOUTH | ADULT | DW |
|--------|--|--|-------|-------|----|
| 101    | <b>SOCIAL SECURITY NUMBER Validation</b><br><input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file<br><input type="checkbox"/> N/A | <input type="checkbox"/> DD-214 Report of transfer or discharge<br><input type="checkbox"/> Letter from Social Services Agency<br><input type="checkbox"/> U.S. Passport<br><input type="checkbox"/> Social Security Benefits Letter/Notice<br><input type="checkbox"/> Social Security Card Issued by SSA<br><input type="checkbox"/> Unemployment Insurance Records<br><input type="checkbox"/> Pay stub<br><input type="checkbox"/> W-2<br><input type="checkbox"/> Pseudo  | X     | X     | X  |
| 102    | <b>DATE OF BIRTH/AGE VERIFICATION Validation</b><br><input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file                         | <input type="checkbox"/> Baptismal Record (if Date of Birth is Shown)<br><input type="checkbox"/> Birth Certificate<br><input type="checkbox"/> DD-214, Report of Transfer or Discharge Paper<br><input type="checkbox"/> Arizona Driver's License/Arizona State ID<br><input type="checkbox"/> Federal, State or Local Government ID Card<br><input type="checkbox"/> Hospital Record of Birth<br><input type="checkbox"/> Passport<br><input type="checkbox"/> Public Assistance/Social Service Agency Records<br><input type="checkbox"/> School Records/Identification Card<br><input type="checkbox"/> Tribal Records<br><input type="checkbox"/> Work Permit<br><input type="checkbox"/> Cross Match with Dept. of Vital Statistics ( <i>new</i> ) | X     | X     | X  |

## WIA ELIGIBILITY AND VERIFICATION CHECKLIST

### 2. DATA VALIDATION

| ITEM # | CRITERIA   | ACCEPTABLE VERIFICATION AND DOCUMENTATION  | YOUTH | ADULT | DW |
|--------|--|--|-------|-------|----|
| 101    | <b>SOCIAL SECURITY NUMBER</b><br><input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file<br><input type="checkbox"/> N/A                | <input type="checkbox"/> DD-214 Report of transfer or discharge<br><input type="checkbox"/> Letter from Social Services Agency<br><input type="checkbox"/> U.S. Passport<br><input type="checkbox"/> Social Security Benefits Letter/Notice<br><input type="checkbox"/> Social Security Card Issued by SSA<br><input type="checkbox"/> Unemployment Insurance Records<br><input type="checkbox"/> Pay stub<br><input type="checkbox"/> W-2<br><input type="checkbox"/> Pseudo  | X     | X     | X  |
| 102    | <b>DATE OF BIRTH/AGE VERIFICATION</b><br><input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file<br><input type="checkbox"/> N/A        | <input type="checkbox"/> Baptismal Record (if Date of Birth is Shown)<br><input type="checkbox"/> Birth Certificate<br><input type="checkbox"/> DD-214, Report of Transfer or Discharge Paper<br><input type="checkbox"/> Arizona Driver's License/Arizona State ID<br><input type="checkbox"/> Federal, State or Local Government ID Card<br><input type="checkbox"/> Hospital Record of Birth<br><input type="checkbox"/> Passport<br><input type="checkbox"/> Public Assistance/Social Service Agency Records<br><input type="checkbox"/> School Records/Identification Card<br><input type="checkbox"/> Tribal Records<br><input type="checkbox"/> Work Permit<br><input type="checkbox"/> Cross Match with Dept. of Vital Statistics ( <i>new</i> )                             | X     | X     | X  |
| 104    | <b>INDIVIDUALS WITH DISABILITIES</b><br><input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file<br><input type="checkbox"/> N/A         | <input type="checkbox"/> Letter from Drug or Alcohol Rehabilitation Agency<br><input type="checkbox"/> Medical Records<br><input type="checkbox"/> Physician's Statement<br><input type="checkbox"/> Psychiatrist's Statement<br><input type="checkbox"/> Psychologist's Diagnosis<br><input type="checkbox"/> Rehabilitation Evaluation<br><input type="checkbox"/> School Records<br><input type="checkbox"/> Sheltered Workshop Certification<br><input type="checkbox"/> Social Security Administration Disability Records<br><input type="checkbox"/> Social Service Records/Referral<br><input type="checkbox"/> Veteran's Administration Letter/Records<br><input type="checkbox"/> Vocational Rehabilitation Letter<br><input type="checkbox"/> Workers' Compensation Record | X     | X     |    |
| 111    | <b>VETERAN STATUS OR SPOUSE OF A VETERAN</b><br><input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file<br><input type="checkbox"/> N/A | <input type="checkbox"/> DD-214<br><input type="checkbox"/> Cross Match with Veterans Data<br><b>Spouse of a Veteran:</b><br><input type="checkbox"/> Cross Match with Veterans Data<br><input type="checkbox"/> Military document (ID, other DD Form) indicating dependent spouse<br><input type="checkbox"/> Documentation (such as DD214) that indicates status of veteran that meets the requirement for "spouse of a veteran."  | X     | X     |    |

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|--------|---|---|-------|-------|----|
| 115    | <b>EMPLOYMENT STATUS AT PARTICIPATION</b><br><input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file<br><input type="checkbox"/> N/A   | <input type="checkbox"/> Pay stub<br><input type="checkbox"/> Case notes showing information collected from participant   | X     | X     | X  |
| 118    | <b>UI COMPENSATION PROGRAMS</b><br><input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file<br><input type="checkbox"/> N/A   | <input type="checkbox"/> UI records (benefit history, wage, record, letter)   | X     | X     |    |
| 119    | <b>INCOME</b><br><input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file<br><input type="checkbox"/> N/A   | <input type="checkbox"/> Alimony Agreement<br><input type="checkbox"/> Applicant Statement ( <i>limited cases</i> )<br><input type="checkbox"/> Award Letter from Veterans Administration<br><input type="checkbox"/> Compensation Award Letter<br><input type="checkbox"/> Court Award Letter<br><input type="checkbox"/> Employer Statement/Contact<br><input type="checkbox"/> Family or Business Financial Records<br><input type="checkbox"/> Housing Authority Verification<br><input type="checkbox"/> Pay Stubs<br><input type="checkbox"/> Pension/Annuity Statement<br><input type="checkbox"/> Public Assistance Records<br><input type="checkbox"/> Quarterly Estimated Tax for Self Employed Persons<br><input type="checkbox"/> Social Security Benefits<br><input type="checkbox"/> UI Documents and/or Printout<br><input type="checkbox"/> Local WIA Does Not Verify Income<br><input type="checkbox"/> Bank Statements ( <i>new</i> ) | X     | X     |    |
| 120    | <b>TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF)</b><br><input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file<br><input type="checkbox"/> N/A  | <input type="checkbox"/> Cross-Match with TANF Public Assistance Records<br><i>Individual applying must be listed on current grant.</i>   | X     | X     |    |
| 121    | <b>OTHER PUBLIC ASSISTANCE RECIPIENT</b><br><input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file<br><input type="checkbox"/> N/A<br><br><i>Note:</i> If the applicant is a person who is receiving or has received cash assistance or other support services from one of the following sources in the last six months prior to participation in the program:<br><b>A. General Assistance</b> - state/local government<br><b>B. Refugee Cash Assistance (RCA)</b><br><b>C. Food Stamps</b> | <b>A. General Assistance</b><br><input type="checkbox"/> Authorization to Receive Cash Public Assistance<br><input type="checkbox"/> Copy of Public Assistance Check<br><input type="checkbox"/> Medical Card Showing Cash Grant Status<br><input type="checkbox"/> Public Assistance Records/Printout<br><input type="checkbox"/> Agency award letter<br><input type="checkbox"/> Cross-Match with Public Assistance Database<br><i>Individual applying must be listed on current grant or show dates of eligibility for benefits</i><br><b>B. Refugee Cash Assistance</b><br><input type="checkbox"/> Refugee Assistance Records/Printout<br><input type="checkbox"/> Authorization to Receive Cash Public Assistance<br><input type="checkbox"/> Copy of Public Assistance Check<br><input type="checkbox"/> Medical Card Showing Cash Grant Status  | X     | X     |    |

## WIA ELIGIBILITY AND VERIFICATION CHECKLIST

|  |  |   |  |  |  |
|--|--|---|--|--|--|
|  |  | <input type="checkbox"/> Public Assistance Records/Printout |  |  |  |
|--|--|---|--|--|--|

| ITEM # | CRITERIA   | ACCEPTABLE VERIFICATION AND DOCUMENTATION   | YOUTH | ADULT | DW |
|--------|--|---|-------|-------|----|
| 121    | <b>OTHER PUBLIC ASSISTANCE RECIPIENT (continued)</b><br><br><b>D. Supplemental Security Income</b><br>(SSI/SSA Title XVI)<br><br><i>Note: Does not include foster care payments.</i>   | <b>Refugee Cash Assistance (continued)</b><br><input type="checkbox"/> Cross-Match with Public Assistance Database<br><input type="checkbox"/> Agency award letter<br><br><b>C. Food Stamps</b><br><input type="checkbox"/> Tribal Commodity Program Records/Printout<br><input type="checkbox"/> Public Assistance Records/Printouts<br><input type="checkbox"/> Cross-Match with Public Assistance Database<br><input type="checkbox"/> Agency award letter<br><i>Individual applying must be listed on current grant or show dates of eligibility within previous 6 months for benefits.</i><br><br><b>D. Supplemental Security Income</b><br><input type="checkbox"/> Authorization to Receive Cash Public Assistance<br><input type="checkbox"/> Copy of Public Assistance Check<br><input type="checkbox"/> Medical Card Showing Cash Grant Status<br><input type="checkbox"/> Public Assistance Records/Printout<br><input type="checkbox"/> Agency award letter<br><input type="checkbox"/> Cross-Match with Public Assistance Database | X     | X     |    |
| 123    | <b>DISPLACED HOMEMAKER</b><br><input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file<br><input type="checkbox"/> N/A<br><br><i>Note: May also include, an individual providing unpaid services to family members dependent on their income no longer supported by that income. (Public law 105 Section 101.10)</i> | <input type="checkbox"/> Bank Records<br><input type="checkbox"/> Court Records<br><input type="checkbox"/> Divorce Papers<br><input type="checkbox"/> Public Assistance Records/Printout<br><input type="checkbox"/> Spouse's Layoff Notice<br><input type="checkbox"/> Spouse's death certificate<br><input type="checkbox"/> Self Attestation  |       |       | X  |
| 124    | <b>DATE OF DISLOCATION</b><br><input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file<br><input type="checkbox"/> N/A<br><br><i>Note: This is not verified in VOS but it is a data validation element requirement.</i>  | <input type="checkbox"/> Notice of Layoff<br><input type="checkbox"/> Public Announcement with Follow-up Cross-Match with UI System<br><input type="checkbox"/> Rapid Response List<br><input type="checkbox"/> Verification from Employer<br><input type="checkbox"/> Self-Attestation (new)   |       |       | X  |

## WIA ELIGIBILITY AND VERIFICATION CHECKLIST

### 3. YOUTH BARRIERS

| ITEM # | CRITERIA   | ACCEPTABLE VERIFICATION AND DOCUMENTATION  | YOUTH | ADULT | DW |
|--------|--|--|-------|-------|----|
| 125    | <b>HOMELESS OR RUNAWAY YOUTH</b><br><input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file<br><input type="checkbox"/> N/A                 | <input type="checkbox"/> Written Statement from a Shelter or Social Service Agency<br><input type="checkbox"/> Written Statement from an Individual Providing Temporary Residence<br><input type="checkbox"/> Self Attestation<br><input type="checkbox"/> WIA Application   | X     |       |    |
| 126    | <b>YOUTH OFFENDER</b><br><input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file<br><input type="checkbox"/> N/A                            | <input type="checkbox"/> Documentation from Juvenile or Adult Criminal Justice System<br><input type="checkbox"/> Documentation phone call with court representatives<br><input type="checkbox"/> WIA Application<br><input type="checkbox"/> Self Attestation   | X     |       |    |
| 127    | <b>PREGNANT OR PARENTING YOUTH</b><br><input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file<br><input type="checkbox"/> N/A               | <input type="checkbox"/> Child's Baptismal Record<br><input type="checkbox"/> Case Notes regarding Observable Condition<br><input type="checkbox"/> Child's Birth Certificate<br><input type="checkbox"/> Doctor's Note Confirming Pregnancy<br><input type="checkbox"/> Self Attestation  | X     |       |    |
| 128    | <b>YOUTH WHO NEED ADDITIONAL ASSISTANCE</b><br><input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file<br><input type="checkbox"/> N/A      | <input type="checkbox"/> Case Notes<br><input type="checkbox"/> Individual Service Strategy<br><input type="checkbox"/> See Local Area Policy and Plan<br><input type="checkbox"/> State Management Information System<br><input type="checkbox"/> WIA Application<br><input type="checkbox"/> Self-Attestation  | X     |       |    |
| 129    | <b>EDUCATION STATUS AT TIME OF PARTICIPATION</b><br><input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file<br><input type="checkbox"/> N/A | <input type="checkbox"/> School Transcripts<br><input type="checkbox"/> GED Certificate<br><input type="checkbox"/> Diploma<br><input type="checkbox"/> School Documentation<br><input type="checkbox"/> Dropout Letter<br><input type="checkbox"/> Attendance Record<br><input type="checkbox"/> Self Attestation<br><input type="checkbox"/> WIA Application<br><input type="checkbox"/> State MIS | X     |       |    |
| 130    | <b>BASIC SKILLS DEFICIENT</b><br><input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file<br><input type="checkbox"/> N/A                    | <input type="checkbox"/> School Records<br><input type="checkbox"/> Standardized Assessment Test   | X     |       |    |
| 131    | <b>FOSTER CARE YOUTH</b><br><input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file<br><input type="checkbox"/> N/A                         | <input type="checkbox"/> Confirmation from social services agency<br><input type="checkbox"/> Case Notes   | X     |       |    |